


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90026 042 ****70.00

DOCUMENT # N02000001190	
1. Entity Name BRIJONAL ENTERPRISES, INC.	

Principal Place of Business 6043 NW 6 CT MIAMI FL 33127	Mailing Address 6043 NW 6 CT MIAMI FL 33127
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2. Principal Place of Business 51A Suite, Apt. #, etc.	3. Mailing Address 51A Suite, Apt. #, etc.
City & State	City & State
Zip	Country USA



MOORE CR2E037 (11/03)

4. FEI Number 01-0631309	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, JUANITA 6043 NW 6 CT MIAMI FL 33127

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP NAME WALKER, JUANITA STREET ADDRESS 16767 NW 19 CT CITY-ST-ZIP PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete	TITLE DT #2 NAME Edward Alex Walker STREET ADDRESS 16267 NW 19 CT CITY-ST-ZIP Pembroke Pines FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DS NAME LEWIS, LOLA STREET ADDRESS 1631 NW 155 ST CITY-ST-ZIP OPA LOCKA FL 33054	<input type="checkbox"/> Delete	TITLE DS NAME Daphne D. Walker STREET ADDRESS 16267 NW 19 CT CITY-ST-ZIP Pembroke Pines FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME CLARKE, LEE G. STREET ADDRESS 8510 N. SHERMON CIR #C202 CITY-ST-ZIP MIRAMAR FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME Edward Alex Walker STREET ADDRESS 16267 NW 19 CT CITY-ST-ZIP Pembroke Pines FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2/2/04** **305-886-8395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #